

SOVEREIGN MERCHANT SERVICES

HAGERSTOWN, MD 21741-6604

If you have questions contact:
CUSTOMER SERVICE
 Phone: 800-916-6264



TELEPHONE: 800-916-6264

GOLD STAR SALON LLC
GOLD STAR SALON
GOLD STAR SALON LLC
 805 ST JOHNS STREET
 ALLENTOWN, PA 18103

Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third-party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN). Individual

taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS, and, where applicable, to state and/or local governments. Note: If your EIN is reported in this box, you should use the complete number in this format (XX-XXXXXXX).

Account number. May show an account or other unique number the PSE assigned to distinguish your account.

Box 1. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. May show the number of purchase transactions (not including refund transactions) processed through the payment card/third party network. (Optional - This PSE is not required to complete this box for 2012.)

Boxes 4a-4i. Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

For the latest developments regarding Form 1099-K that may occur after this form is printed, visit www.irs.gov/form1099k.

Taxable State: PA

CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone no.

FIRST DATA MERCHANT SERVICES CORPORATION
DBA SOVEREIGN MERCHANT SERVICES
 PO BOX 6604
 HAGERSTOWN, MD 21741-6604

800-916-6264

FILER'S federal identification no.

OMB No. 1545-2205

PAYEE'S taxpayer identification no.

2012

Form 1099-K

**Payment Card
 and Third Party
 Network
 Transactions**

**Copy B
 For Payee**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

Check to indicate if FILER is a (a) Payment settlement entity (PSE) ☐

Check to indicate transactions reported as: ☒ Payment card ☐ Third party network

Electronic Payment Facilitator (EPF) or third party ☐

PAYEE'S name, street address (including apt. no.), city, state, and ZIP code

GOLD STAR SALON LLC
GOLD STAR SALON
GOLD STAR SALON LLC
 805 ST JOHNS STREET
 ALLENTOWN, PA 18103

PSE'S name and telephone number

DBA SOVEREIGN MERCHANT SERVICES
 800-916-6264

Account number (see instructions)

1 Gross amount of payment card/third party network transactions

\$ 1,610.91

2 Merchant category code

7230

3 Number of purchase transactions (optional)

44

4a January

\$

4b February

\$

4c March

\$

4d April

\$

4e May

\$

4f June

\$

4g July

\$

4h August

\$

4i September

\$

4j October

\$

4k November

\$ 24.00

4l December

\$ 1,586.91

Form 1099-K

(Keep for your records)

IRS.gov/form1099k

Department of the Treasury - Internal Revenue Service

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Client Copy

2012

Prepared for:
JUANY D GUZMAN

MACUNGIE PA 18062

Following is a copy of your 2012 Federal and State Income Tax Returns.
Please review the returns, and keep your copy along with your supporting
documents in a safe location.

Return Printed on 04/12/2013 at 12:13:30 PM

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Calculation of Net Operating Loss Schedule A and B Form 1045

Revised 1/18/2013

2012

Name(s) as shown on Form 1040

JUAN Y D GUZMAN

Social Security Number

Schedule A - Net Operating Loss

Check box to elect carryforward of net operating loss

1. Amount from 2012 Form 1040, line 41	1	(2,353)
2. Total nonbusiness capital losses before limitation	2	
3. Total nonbusiness capital gains	3	
4. If line 2 is more than line 3, enter difference; otherwise, enter -0-	4	
5. If line 3 is more than line 2, enter difference; otherwise, enter -0-	5	
6. Nonbusiness deductions	6	5,950
7. Nonbusiness income other than capital gains	7	6,509
8. Add lines 5 and 7	8	6,509
9. If line 6 is more than line 8, enter difference; else, enter -0-	9	
10. If line 8 is more than line 6, enter diff; otherwise, enter -0-	10	559
11. Business capital losses before limitation	11	
12. Business capital gains	12	
13. Add lines 10 and 12	13	559
14. Subtract line 13 from line 11	14	
15. Add lines 4 and 14	15	
16. Loss from Form 1040 Schedule D, line 16	16	
17. Section 1202 exclusion. Enter as a positive number	17	
18. Subtract line 17 from line 16	18	
19. Loss from Form 1040 Schedule D, line 21	19	
20. If line 18 is more than line 19, difference otherwise, -0-	20	
21. If line 19 is more than line 18, difference otherwise, -0-	21	
22. Subtract line 20 from line 15	22	
23. Domestic production activities deduction from Form 1040, line 35	23	
24. NOL deduction for losses from other years	24	
25. Net operating loss	25	(2,353)

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Form **1040** Department of the Treasury Internal Revenue Service (2012) **2012** OMB No. 1545-0047 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning _____, 2012, ending _____.

Your first name (and initial) **JUAN D** Last name **GUZMAN** See separate instructions. Your social security number _____

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MACUNGIE PA 18062** Foreign country name _____ Foreign province/territory _____ Foreign postal code _____

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. *

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. *

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Qualifying for child tax credit or child under age 17. (See instructions.)

If more than four dependents, see instructions and check here ☐

Boxes checked on 6a and 6b. No. of children on 6c who: * lived with you; * did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above. **01**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount

16a Pensions and annuities

16b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN *

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8803

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

Adjusted Gross Income

7 12,932

8a

8b

9a

9b

10

11

12 12,932

13

14

15a

15b

16a

16b

17

18

19 6,508

20a

20b

21

22 3,597

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 3,597

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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions

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Form 1040 (2012)
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JUANY D GUZMAN

Form 1040 (2012)

Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	3,597
39a	Check <input type="checkbox"/> You were born before January 2, 1948. <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a			
	<input type="checkbox"/> Spouse was born before Jan. 2, 1948. <input type="checkbox"/> Blind			
40	Standard deduction for: 40			
41	Subtract line 40 from line 38			5,950
42	Exemptions. Multiply \$3,800 by the number on line 6d			12,352
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			3,800
44	Tax (see instructions). Check if any from: 44			
45	Alternative minimum tax (see instructions). Attach Form 6251			
46	Add lines 44 and 45			
47	Foreign tax credit. Attach Form 1116 if required			
48	Credit for child and dependent care expenses. Attach Form 2441			
49	Education credits from Form 8863, line 19			
50	Retirement savings contributions credit. Attach Form 8880			
51	Child tax credit. Attach Schedule 8812, if required			
52	Residential energy credits. Attach Form 5695			
53	Other credits from Form: 53			
54	Add lines 47 through 53. These are your total credits			
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-			
Other Taxes	56	Self-employment tax. Attach Schedule SE		
57	Unreported social security and Medicare tax from Form: 57			
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			
59a	Household employment taxes from Schedule H			
59b	First-time homebuyer credit repayment. Attach Form 5405 if required			
60	Other taxes. Enter code(s) from instructions			
61	Add lines 56 through 60. This is your total tax			
Payments	62	Federal income tax withheld from Forms W-2 and 1099		651
63	2012 estimated tax payments and amount applied from 2011 return			
64a	Earned income credit (EIC)			
64b	Nontaxable combat pay election			
65	Additional child tax credit. Attach Form 8812			
66	American opportunity credit from Form 8863, line 14			
67	Reserved			
68	Amount paid with request for extension to file			
69	Excess social security and tier 1 RRTA tax withheld			
70	Credit for federal tax on fuels. Attach Form 4136			
71	Credits from Form: 71			
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments			651
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid		651
74a	Amount of line 73 you want refunded to you. If Form 8868 is attached, check here			651
74b	Routing number XXXXXXXXXX	74b		
74c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
74d	Account number XXXXXXXXXXXXXXXXXXXX			
75	Amount of line 73 you want applied to your 2013 estimated tax			
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions		76
77	Estimated tax penalty (see instructions)			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Preparer's name	Preparer's signature	Date	Your occupation	Daytime phone number
Preparer	LUZON GROUPE	04/12/13	SELF-EMPLOYED	
Use Only	Firm's name	Firm's EIN	Check <input type="checkbox"/> self-employed	PTIN
SPA	ALLEN TOWN PA 18102	Phone no. 610-433-4602		

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US RET 1040
Unemployment Compensation

Name(s) as shown on Form 1040

JUAN Y. D. GUZMAN

Social Security Number

Gross Unemployment Compensation
Unemployment Repayment Amount
Taxable Unemployment Compensation

Taxpayer

Spouse

6,509

6,509

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SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (IRS)**Profit or Loss From Business**
(Sole Proprietorship)For information on Schedule C and its instructions, go to www.irs.gov/schedulec.

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2012Attachment
Sequence No. 09

Name of proprietor

JUANY D. GUZMAN

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)BEAUTY SALON**B** Enter code from instructions812112**C** Business name. If no separate business name, leave blank.GOLD STAR SALON LLC**D** Employer ID number (EIN)**E** Business address (including suite or room no.) 805 ST. JOHNS STREETCity, town or post office, state, and ZIP code ALLENTOWN PA 18103**F** Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☒ Other (specify) BY SERVICE**G** Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2012, check here**I** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)☐ Yes ☐ No**J** If "Yes," did you or will you file all required Forms 1099?☐ Yes ☐ No**Part I Income****1** Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐**2** Returns and allowances (see instructions)**3** Subtract line 2 from line 1**4** Cost of goods sold (from line 42)**5** Gross profit. Subtract line 4 from line 3**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)**7** Gross income. Add lines 5 and 6**Part II Expenses**

Enter expenses for business use of your home only on line 30

8 Advertising**9** Car and truck expenses (see instructions)**10** Commissions and fees**11** Contract labor (see instructions)**12** Depreciation**13** Depreciation and section 179 expense deduction (not included in Part III) (see instructions)**14** Employee benefit programs (other than on line 19)**15** Insurance (other than health)**16** Interest**a** Mortgage (paid to banks, etc.)**b** Other**17** Legal and professional services**18** Office expense (see instructions)**19** Pension and profit-sharing plans**20** Rent or lease (see instructions)**a** Vehicles, machinery, and equipment**b** Other business property**21** Repairs and maintenance**22** Supplies (not included in Part III)**23** Taxes and licenses**24** Travel, meals, and entertainment**a** Travel**b** Deductible meals and entertainment (see instructions)**25** Utilities**26** Wages (less employment credits)**27a** Other expenses (from line 48)**b** Reserved for future use**28** Total expenses before expenses for business use of home. Add lines 8 through 27a**29** Tentative profit or (loss). Subtract line 28 from line 7**30** Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere**31** Net profit or (loss). Subtract line 30 from line 29

If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

If you entered an amount on line 1c, see Instr. Estates and trusts, enter on Form 1041, line 3.

If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you must attach Form 6199. Your loss may be limited.

32a ☒ All investment is at risk
32b ☐ Some investment is not at risk

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For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule C (Form 1040) 2012

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JUANY D GUYMAN
Schedule C (Form 1040) 2012

Page 2

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself.	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39.	40		
41	Inventory at end of year.	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42		

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	01/01/2012
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:	
a	Business	18,720
b	Commuting (see instructions)	18,720
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

GASOLINE	3,120	
FOOD	1,560	
CAR REPAIR	480	
48	Total other expenses. Enter here and on line 27a	5,160

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Schedule C (Form 1040) 2012

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PA-40 - 2012

Social Security Number

Name(s) JUANY GUZMAN

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2011 PA Income Tax return.

15 2012 Estimated Installment Payments. REV-450B included.

16 2012 Extension Payment

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents. Part D, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-R with your
PA Schedule(s) G-S, G-L, and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Add amount. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code.

If including Form REV-1030/REV-1030A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter
the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

Refund

31 Credit - Amount of Line 29 you want as a credit to your 2013 estimated account.

32 Amount of Line 29 you want to donate to the Wild Resource Conservation Fund.

33 Amount of Line 29 you want to donate to the Military Family Relief Assistance Program.

34 Amount of Line 29 you want to donate to the Governor Robert P. Casey Memorial Organ
and Tissue Donation Awareness Trust Fund.

35 Amount of Line 29 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund.

36 Amount of Line 29 you want to donate to the PA Breast Cancer Coalition's Breast and
Cervical Cancer Research Fund.Signature(s). Under penalty of perjury, I (we) declare that I (we) have examined this return, including all
accompanying schedules and statements, and to the best of my (our) belief they are true, correct, and complete.

Your Signature _____ Spouse's Signature, if filing jointly _____

Preparer's Name and Telephone Number

ENRIQUE LUZON

Date

04/12/13

610-433-4602

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Firm FEIN

Preparer's PTIN

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Form 47

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PA-40 Schedule C - 2012
(08-11) Profit or Loss From Business or Profession (Sole Proprietorship)

██████████ **JUANY D GUZMAN**

BEAUTY SALOON

SERVICE

██████████ **GOLD STAR SALON LLC**

Method of Inventory: C=Cost, L=Lower
 of cost or market, O=Other

☐

Accounting Method: A=Accrual, C=Cash, O=Other

☐

Home office
 expenses deducted

☐

\$12112

Business out of existence

☐

Any change in determining
 quantities, costs or valuations

☐

805 ST JOHNS STREET

ALLENTOWN

PA 18103

1a. Gross receipts or sales	1A	19193	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B	0	3. Gross profit	3	19193
1c. Balance	1C	19193	4. Other income (submit statement)	4	0
			5. Total income	5	19193
6. Advertising	6	0	28. Supplies (not included on Schedule C-1)	28	3900
7. Amortization	7	0	29. Taxes	29	185
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	0
10. Car and truck expenses	10	1560	32. Utilities	32	1750
11. Commissions	11	0	33. Wages	33	0
12. Cost depletion not % depletion	12	0			
			34. Other expenses (specify):		
13a. Regular depreciation	13A	0	A		0
13b. Section 179 expense	13B	0	B GASOLINE	B	3120
14. Dues and subscriptions	14	0	C FOOD	C	1560
15. Other employee benefit programs	15	0	D CAR REPAIR	D	480
16. Freight (not on Schedule C-1)	16	0	E	E	0
17. Insurance	17	0	F	F	0
18. Interest on business indebtedness	18	0	G	G	0
			H	H	0
19. Laundry and cleaning	19	0	I	I	0
20. Legal and professional services	20	0	J	J	0
21. Management fees	21	0	K	K	0
22. Office supplies	22	0			
23. Pension and profit-sharing plans	23	0	34. Total other expenses	34	5160
24. Postage	24	0	35. Total expenses	35	22105
25. Rent on business property	25	3250	36. Reduce expenses by total business credits	36	0
26. Repairs	26	6300	37. Total adjusted expenses	37	22105
27. Substantiation loss	27	0	38. Net profit or loss	38	-2912

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PA-40 Schedule C - 2012

1203215528

Social Security Number

Name of owner

JUANY D GUZMAN

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)					1	0
2. Less: Section 179 depreciation included in Schedule C-1					2	0
3. Balance (subtract Line 2 from Line 1). Enter here and on Part II, Line 13b					3	0
4. Other depreciation:						
Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings 4A		0	0			
Furniture/fixtures 4B		0	0			0
Transport equipment 4C		0	0			0
Machinery 4D		0	0			0
Other (specify)						0
4E		0	0			
4F		0	0			0
4G		0	0			0
4H		0	0			0
4I		0	0			0
4J		0	0			0
4K		0	0			
4L		0	0			0
4M		0	0			0
4N		0	0			0
4O		0	0			0
4P		0	0			0
5. Totals		0				
6. Depreciation included in Schedule C-1					5	0
7. Balance (subtract Line 6 from Line 5). Enter here and on Part II, Line 13a					6	0
					7	0

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LGC Fax

0014/0014

Income and Information Details Checklist

Client Name(s):

Taxpayer:

SSN:

DOB:

Preparer: ENRIQUE LUZON

Date Return Started: 04/18/2013

Refund/Balance Due Amt

Spouse:

SSN:

DOB:

Fed:

St. Abbr:

St. Abbr:

Filing Status: 1

E-File?

Refund Type:

Non-Financial Related Fees:

Financial Related Fees:

Total Fees:

FD004630

PA SCHEDULE SP (i)

1001110020

Special Tax Forgiveness**PA-40 Schedule SP (09-10)****2010**

OFFICIAL USE ONLY

Name of taxpayer claiming Tax Forgiveness (if filing a PA-40 jointly, enter the name shown first)

EZEQUIEL ORTIZ TORRES

Social Security Number (shown first)

Spouse's Name (even if filing separately)

Spouse's Social Security Number

Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? Yes ☐ No ☒
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? Yes ☐ No ☐
- IMPORTANT:** If you answered "No" to Question 1, please proceed with completing Schedule SP. If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2 to be eligible for tax forgiveness and complete Line 1b, or Line 3c, from Part A below.

Part A. Filing Status for Tax Forgiveness.

1. ☒ **Unmarried - Use Column A to calculate your Eligibility Income.** Check the Unmarried box on Line 19a of your PA-40. Check the box that describes your situation:
- a. ☒ **Single, Unmarried/divorced on December 31, 2010**
- b. ☐ **Single and claimed as a dependent on another person's PA Schedule SP.** Enter the other person's:
SSN: _____ Name: _____
2. ☐ **Separated - Use Column A to calculate your Eligibility Income.**
Check this box only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Check the Unmarried box on Line 19a of your PA-40.
3. ☐ **Married - Check the Married box on Line 19a of your PA-40. Enter your spouse's name and SSN above. Check the box that describes your situation:**
- a. ☐ **Married and claiming Tax Forgiveness together with my spouse. Use Column A to calculate Eligibility Income.**
- b. ☐ **Married and filing separate PA tax returns. ☐ Certification.** Check this box certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use Columns B and C to calculate your Eligibility Income.
- c. ☐ **Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use Columns B and C to calculate Eligibility Income.** Enter the other person's: SSN: _____ Name: _____
- d. ☐ **Separated and lived apart from my spouse but for less than the last six months of the year. Use Columns B and C to calculate Eligibility Income.** Enter your spouse's name and SSN above.
4. ☐ **Deceased - use Column A to calculate your Eligibility Income.**
Check the Deceased box on Line 19a of the PA-40. You must annualize the decedent's income (see the instr) and briefly describe your method:

Part B. Dependent Children. Provide all the information for each dependent child. If more than four dependent children, submit additional sheets in this format.

1.	Dependent's Name	Age	Relationship	Social Security No.	IMPORTANT: Only claim the child or children that you claimed as your dependent(s) on your 2010 Federal Income Tax return.
		1	DAUGHTER		

2. Number of dependent children.
Enter on Line 19b of your PA-40. 2.

Part C. Eligibility Income

Married taxpayers filing jointly use Column A and Eligibility Income Table 2. Single filers, qualifying separated filers, and if filing for a dependent use Column A and Eligibility Income Table 1.

Married taxpayers filing separately, and taxpayers separated but not for the last six months of the year use Columns B and C, and Eligibility Income Table 2.

Column A Unmarried or Married Filing Jointly		The Eligibility Income Tables are in the PA-40 booklet.		Married Filing Separately	
				Column B Taxpayer	Column C Spouse
1.	640	PA taxable income from Line 9 of your PA-40	1.		
2.		Nontaxable interest, dividends and gains and/or annualized income	2.		
3.		Alimony	3.		
4.		Insurance proceeds and inheritances	4.		
5.		Gifts, awards and prizes	5.		
6.	0	Nonresident income - part-year residents and nonresidents	6.		
7.		Nontaxable military income - Do not include combat pay	7.		
8.		Gain excluded from the sale of a residence	8.		
9.		Nontaxable educational assistance	9.		
10.		Cash received for personal purposes from outside your home	10.		
11.	640	← Total Eligibility Income for Column A			
Total Eligibility Income for Columns B and C - add Lines 1 through 10 for each spouse and enter the total →					
			11.		

Part D. Calculating Your Tax Forgiveness Credit

12.	20	PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)	12.	
13.		Less Resident Credit from your PA-40, Line 22	13.	
14.	20	Net PA Tax Liability. Subtract Line 13 from Line 12	14.	
15.	1.00	Percentage of Tax Forgiveness from the Eligibility Income Table using your dependents from Part B and your Total Eligibility Income from Line 11	15.	
16.	20	Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15. Enter on your PA-40, Line 21	16.	

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PA-40 Schedule C - 2010

(99-09) Profit or Loss From Business or Profession (Sole Proprietorship)

ORTIZ TORRES EZEQUIEL**COURIERS/MESSENGERS PRODUCT****134004957 M E CHRISTOPHER CROMAN REAL ESTATE**Method of Inventory: C=Cost, L=Lower
of cost or market, O=Other

Accounting Method: A=Accrual, C=Cash, O=Other

Home office
expenses deducted**492000**

Business out of existence

Any change in determining
quantities, costs or valuations**632 BROADWAY 7TH FL****NEW YORK****NY 10012**

1a. Gross receipts or sales	1A	1200	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B	0	3. Gross profit	3	1200
1c. Balance	1C	1200	4. Other income (submit statement)	4	0
			5. Total income	5	1200
6. Advertising	6	0	28. Supplies (not included on Schedule C-1)	28	0
7. Amortization	7	0	29. Taxes	29	0
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	0
10. Car and truck expenses	10	0	32. Utilities	32	560
11. Commissions	11	0	33. Wages	33	0
12. Cost depletion not % depletion	12	0	34. Other expenses (specify):		
13a. Regular depreciation	13A	0			
13b. Section 179 expense	13B	0	A		0
14. Dues and publications	14	0	B		0
15. Other employee benefit programs	15	0	C		0
16. Freight (not on Schedule C-1)	16	0	D		0
17. Insurance	17	0	E		0
18. Interest on business indebtedness	18	0	F		0
			G		0
			H		0
19. Laundry and cleaning	19	0	I		0
20. Legal and professional services	20	0	J		0
21. Management fees	21	0	K		0
22. Office supplies	22	0			
23. Pension and profit-sharing plans	23	0	34. Total other expenses	34	0
24. Postage	24	0	35. Total expenses	35	560
25. Rent on business property	25	0	36. Reduce expenses by total business credits	36	0
26. Repairs	26	0	37. Total adjusted expenses	37	560
27. Subcontractor fees	27	0	38. Net profit or loss	38	640

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☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. LATE EXPRESS COURIER SERVICE INC (305) 807-1926 1545 N.E. 123RD STREET NORTH MIAMI FL 33161		1 Rents \$	OMB No. 1545-0115 2012 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
PAYER'S federal identification number	RECIPIENT'S identification number	3 Other income \$	4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.	
		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name JUANY D GUZMAN		7 Nonemployee compensation \$ 15082.00	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code MACUNGIE PA 18062		11	12		
Account number (see instructions) 009082LONG/266 A		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. FL	18 State income \$	

Form 1099-MISC Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. LATE EXPRESS COURIER SERVICE INC (305) 807-1926 1545 N.E. 123RD STREET NORTH MIAMI FL 33161		1 Rents \$	OMB No. 1545-0115 2012 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
LONG/266/2012/4/00801 / 002/009082		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name JUANY D GUZMAN		7 Nonemployee compensation \$ 15082.00	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code MACUNGIE PA 18062		11	12	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions) 009082LONG/266 A		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. FL	18 State income \$	

Form 1099-MISC (keep for your records) Department of the Treasury - Internal Revenue Service

34
TOWN, MD 21741-6604

If you have questions contact:
CUSTOMER SERVICE
Phone: 800-916-6264

TEP100336_2335_4689 1 of 2
GOLD STAR SALON LLC
GOLD STAR SALON
GOLD STAR SALON LLC
805 ST JOHNS STREET
ALLENTOWN, PA 18103

Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third-party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual

taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS, and, where applicable, to state and/or local governments. Note: If your EIN is reported in this box, you should see the complete number in this format (XX-XXXXXXX).

Account number. May show an account or other unique number the PSE assigned to distinguish your account.

Box 1. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. May show the number of purchase transactions (not including refund transactions) processed through the payment card/third party network. (Optional - The PSE is not required to complete this box for 2012.)

Boxes 5a-5i. Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

For the latest developments regarding Form 1099-K that may occur after this form is printed, visit www.irs.gov/form1099k.

Taxable State: PA		CORRECTED		Payment Card and Third Party Network Transactions		
FILER'S name, street address, city, state, ZIP code, and telephone no. FIRST DATA MERCHANT SERVICES CORPORATION DBA SOVEREIGN MERCHANT SERVICES PO BOX 6604 HAGERSTOWN, MD 21741-6604 800-916-6264		FILER'S federal identification no. [REDACTED] PAYEE'S taxpayer identification no. [REDACTED]		OMB No. 1545-2205 2012 Form 1099-K		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported as: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>		1 Gross amount of payment card/third party network transactions \$ 1,610.91	2 Merchant category code 7230	
PAYEE'S name, street address (including apt. no.), city, state, and ZIP code GOLD STAR SALON LLC GOLD STAR SALON GOLD STAR SALON LLC 805 ST JOHNS STREET ALLENTOWN, PA 18103		3 Number of purchase transactions (optional) 44		Copy B For Payee This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.		
PSE'S name and telephone number DBA SOVEREIGN MERCHANT SERVICES 800-916-6264		4a January \$				4b February \$
Account number (see instructions) N0000023524509599900		4c March \$				4d April \$
		4e May \$				4f June \$
		4g July \$				4h August \$
		4i September \$				4j October \$
		4k November \$ 24.00				4l December \$ 1,586.91
		5				6
		7				8

Form 1099-K

(keep for your records)

irs.gov/form1099k

Department of the Treasury - Internal Revenue Service



Client Copy

2012

Prepared for:
JUANY D GUZMAN

MACUNGIE PA 18062

**Following is a copy of your 2012 Federal and State Income Tax Returns.
Please review the returns, and keep your copy along with your supporting
documents in a safe location.**

Return Printed on 04/12/2013 at 12:13:30 PM

FD004633

Calculation of Net Operating Loss Schedule A and B Form 1045		2012
Revised 7/18/2013		
Name(s) as shown on Form 1040 JUANY D GUZMAN		Social Security Number [REDACTED]
Schedule A - Net Operating Loss		
Check box to elect carryforward of net operating loss <input type="checkbox"/>		
1. Amount from 2012 Form 1040, line 41	1	(2,353)
2. Total nonbusiness capital losses before limitation	2	
3. Total nonbusiness capital gains	3	
4. If line 2 is more than line 3, enter difference; otherwise, enter -0-	4	
5. If line 3 is more than line 2, enter difference; otherwise, enter -0-	5	
6. Nonbusiness deductions	6	5,950
7. Nonbusiness income other than capital gains	7	6,509
8. Add lines 5 and 7	8	6,509
9. If line 6 is more than line 8, enter difference; else, enter -0-	9	
10. If line 8 is more than line 6, enter diff; otherwise, enter -0-	10	559
11. Business capital losses before limitation	11	
12. Business capital gains	12	
13. Add lines 10 and 12	13	559
14. Subtract line 13 from line 11	14	
15. Add lines 4 and 14	15	
16. Loss from Form 1040 Schedule D, line 16	16	
17. Section 1202 exclusion. Enter as a positive number	17	
18. Subtract line 17 from line 16	18	
19. Loss from Form 1040 Schedule D, line 21	19	
20. If line 18 is more than line 19, difference otherwise, -0-	20	
21. If line 19 is more than line 18, difference otherwise, -0-	21	
22. Subtract line 20 from line 15	22	
23. Domestic production activities deduction from Form 1040, line 35	23	
24. NOL deduction for losses from other years	24	
25. Net operating loss	25	(2,353)

2 USNL1

FD004634

Form 1040 Department of the Treasury Internal Revenue Service (99)		2012 OMB No. 1545-0074		IRS Use Only—Do not write or staple in this space																															
For the year Jan. 1–Dec. 31, 2012, or other tax year beginning 2012, ending 2012.																																			
Your first name and initial JUANY D		Last name GUZMAN		See separate instructions. Your social security number [REDACTED]																															
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																															
Home address (number and street). If you have a P.O. box, see instructions.				Make sure the SSN(s) above and on line 8c are correct.																															
City, town or post office, state, and ZIP code. If you have a foreign address, use complete spaces below. (See instructions.) MACUNGLE PA 18062				Presidential Election Campaign																															
Foreign country name				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> Yes <input type="checkbox"/> Spouse																															
Filing Status		1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(or) with dependent child																																	
Check only one box.																																			
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) Qualifying for child tax credit if child under age 17. (See instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above: 01 Add numbers on lines above				(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Qualifying for child tax credit if child under age 17. (See instructions)																									
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Qualifying for child tax credit if child under age 17. (See instructions)																															
If more than four dependents, see instructions and check here <input type="checkbox"/>																																			
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																																	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.																																			
If you did not get a W-2, see instructions.																																			
Enclose, but do not attach, any payment. Also, please use Form 1040-V.																																			
Adjusted Gross Income		23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 31b 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income																																	
		7 8a 8b 9a 9b 10 11 12 13 14 15a 15b 16a 16b 17 18 19 20a 20b 21 22 23 24 25 26 27 28 29 30 31a 31b 32 33 34 35 36 37																																	
		(2,912) 6,509 3,597																																	

SPA

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

1037 PEI 2US011

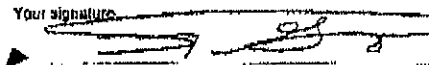
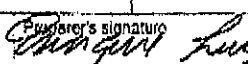
Form **1040** (2012)

FD004635

JUANY D GUZMAN

Form 1040 (2012)

Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	3,597
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/>		
		if: <input type="checkbox"/> Spouse was born before Jan. 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b <input type="checkbox"/>		
Standard Deduction for:	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,950
41	41	Subtract line 40 from line 38	41	(2,353)
42	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800
43	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
44	44	Tax (see instructions). Check if any from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4872 <input type="checkbox"/> 802 election	44	
45	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	46	Add lines 44 and 45	46	
47	47	Foreign tax credit. Attach Form 1116 if required	47	
48	48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	49	Education credits from Form 8863, line 19	49	
50	50	Retirement savings contributions credit. Attach Form 8880	50	
51	51	Child tax credit. Attach Schedule 8812, if required	51	
52	52	Residential energy credits. Attach Form 5695	52	
53	53	Other credits from Form: <input type="checkbox"/> 3800 <input type="checkbox"/> 8801 <input type="checkbox"/> 53	53	
54	54	Add lines 47 through 53. These are your total credits	54	
55	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
57	57	Unreported social security and Medicare tax from Form: <input type="checkbox"/> 4137 <input type="checkbox"/> 8919	57	
58	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	59a	Household employment taxes from Schedule H	59a	
59b	59b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	60	Other taxes. Enter code(s) from instructions	60	
61	61	Add lines 55 through 60. This is your total tax	61	
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	651
63	63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	64a	Earned income credit (EIC)	64a	
64b	64b	Nontaxable combat pay election	64b	
65	65	Additional child tax credit. Attach Form 8812	65	
66	66	American opportunity credit from Form 8863, line 14	66	
67	67	Reserved	67	
68	68	Amount paid with request for extension to file	68	
69	69	Excess social security and tier 1 RRTA tax withheld	69	
70	70	Credit for federal tax on fuels. Attach Form 4136	70	
71	71	Credits from Form: <input type="checkbox"/> 2439 <input type="checkbox"/> (Reserved) <input type="checkbox"/> 8801 <input type="checkbox"/> 8885	71	
72	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	651
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	651
74a	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	651
Direct deposit?	b	Routing number XXXXXXXXXX c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
See instructions	d	Account number XXXXXXXXXXXXXXXXXXXX		
75	75	Amount of line 73 you want applied to your 2013 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	77	Estimated tax penalty (see instructions)	77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return?	Your signature  Date 04/12/13 Your occupation SELF-EMPLOYED Daytime phone number			
See instructions	Spouse's signature, if a joint return, both must sign. Date Spouse's occupation			
Paid Preparer Use Only	Print/Type preparer's name  Date 04/12/13 Check <input type="checkbox"/> self-employed PTIN P00992654			
SPA	Firm's name LUZON GROUP Firm's EIN Phone no. 610-433-1602			
	Firm's address ALLENTOWN PA 18102			

FD004636

US RET 1040 Unemployment Compensation	
Name(s) as shown on Form 1040 JUAN Y D GUZMAN	Social Security Number [REDACTED]
Gross Unemployment Compensation	Taxpayer <u>6,509</u> Spouse _____
Unemployment Repayment Amount	_____
Taxable Unemployment Compensation	Taxpayer <u>6,509</u> Spouse _____

2013 Potx Enterprises, Inc. 2us01b1 1/24/2013

FD004637

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (IRS)**Profit or Loss From Business**
(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0047

2012Attachment
Sequence No. 09

Name of proprietor

JUANY D. GUZMAN

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

BEAUTY SALOON

B Enter code from instructions

812112

C Business name. If no separate business name, leave blank.

GOLD STAR SALON LLC

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) 805 ST. JOHNS STREET

City, town or post office, state, and ZIP code ALLENTOWN PA 18103

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☒ Other (specify) BY SERVICEG Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2012, check here ☐ Yes ☐ NoI Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ NoJ If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No**Part I Income**1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐

1 19,193

2 Returns and allowances (see instructions)

2

3 Subtract line 2 from line 1

3 19,193

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5 19,193

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7 19,193

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising

8

18 Office expense (see instructions)

18

9 Car and truck expenses (see instructions)

9

19 Pension and profit-sharing plans

19

10 Commissions and fees

10

20 Rent or lease (see instructions):

20

11 Contract labor (see instructions)

11

a Vehicles, machinery, and equipment

20a 3,250

12 Depletion

12

b Other business property

20b

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

21 Repairs and maintenance

21 6,300

14 Employee benefit programs (other than on line 19)

14

22 Supplies (not included in Part III)

22 3,900

15 Insurance (other than health)

15

23 Taxes and licenses

23 185

16 Interest:

16

24 Travel, meals, and entertainment:

24

a Mortgage (paid to banks, etc.)

16a

a Travel

24a

b Other

16b

b Deductible meals and entertainment (see instructions)

24b

17 Legal and professional services

17

25 Utilities

25 1,750

28 Total expenses before expenses for business use of home. Add lines 8 through 27a.

28 22,105

29 Tentative profit or (loss). Subtract line 28 from line 7.

29 (2,912)

30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere.

30

31 Net profit or (loss). Subtract line 30 from line 29.

31

If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.
 If you entered an amount on line 1c, see Instr. Estates and trusts, enter on Form 1041, line 3.
 If a loss, you must go to line 32.

31 (2,912)

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☒ All investment is at risk.
 32b ☐ Some investment is not at risk.

SPA

For Paperwork Reduction Act Notice, see your tax return instructions.

1037 PEI 2US091

Schedule C (Form 1040) 2012

FD004638

JUANY D GUZMAN
Schedule C (Form 1040) 2012

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself.	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39.	40
41	Inventory at end of year.	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	01/01/2012
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:	
a	Business	18,720
b	Commuting (see instructions)	18,720
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

GASOLINE	3,120	
FOOD	1,560	
CAR REPAIR	480	
48	Total other expenses. Enter here and on line 27a.	5,160

1200116281

PA-40 - 2012
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX.
Do Not Use Your Preprinted Label

072809291

GUZMAN

JUANY

D Occupation SELF-EMPLO

Occupation

MACUNGIE

PA 18062

646-393-6534

39030

N Extension.

N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single/Married, Filing Jointly/Married,
Filing Separately/ Final Return/Deceased
Date of death

N Farmers.

School District Name ALLENTOWN, CH...

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete *PA Schedule A* if required.

3 Dividend and Capital Gains Distributions Income. Complete *PA Schedule B* if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit *PA Schedule J*.

8 Gambling and Lottery Winnings. Complete and submit *PA Schedule T*.

9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 **Other Deductions.** Enter the appropriate code for the type of deduction.
See the instructions for additional information

11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	0
1b	0
1c	0
2	0
3	0
4	-2912
5	0
6	0
7	0
8	0
9	0
10	0
11	0

EC

Page 1 of 2

FC

1200116281

1200116281

FD004640

PA-40 - 2012

1200216297

Social Security Number

Name(s) LIANY GUZMAN

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withhold. See the instructions.

14 Credit from your 2011 PA Income Tax return.

15 2012 Estimated Installment Payments. REV-459B included.

16 2012 Extension Payment.

17 Nonresident Tax Withhold from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents. Part B, Line 2. PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA -Schedule(s) G-R with your
PA Schedule(s) G-S, G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Add amount. See instructions

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1830/REV-1830A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter
the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

Refund

31 Credit - Amount of Line 29 you want as a credit to your 2013 estimated account.

32 Amount of Line 29 you want to donate to the Wild Resource Conservation Fund.

33 Amount of Line 29 you want to donate to the Military Family Relief Assistance Program.

34 Amount of Line 29 you want to donate to the Governor Robert P. Casey Memorial Organ
and Tissue Donation Awareness Trust Fund.

35 Amount of Line 29 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund.

36 Amount of Line 29 you want to donate to the PA Breast Cancer Coalition's Breast and
Cervical Cancer Research Fund.Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all
accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete

Your Signature _____ Spouse's Signature, if filing jointly _____

Preparer's Name and Telephone Number

Date

ENRIQUE LUZON

04/12/13

610-433-4602

E-File Opt Out

Firm FEIN

Preparer's PTIN

800363252

P00992854

1200216297

1200216297

FD004641

1203115512

PA-40 Schedule C - 2012**(08-11) Profit or Loss From Business or Profession (Sole Proprietorship)**

072809291 JUANY D GUZMAN

Method of Inventory: C=Cost, L=Lower
of cost or market, O=Other

O

BEAUTY SALOON SERVICE

Accounting Method: A=Accrual, C=Cash, O=Other

O

900879479 GOLD STAR SALON LLC

Home office
expenses deducted

N

\$12112

Business out of existence

N

805 ST JOHNS STREET

Any change in determining
quantities, costs or valuations

N

ALLENTOWN

PA 18103

1a. Gross receipts or sales	1A	19193
1b. Returns and allowances	1B	0
1c. Balance	1C	19193

2. Cost of goods sold/operations	2	0
3. Gross profit	3	19193
4. Other income (submit statement)	4	0
5. Total income	5	19193

6. Advertising	6	0
7. Amortization	7	0
8. Bad debts from sales or services	8	0
9. Bank charges	9	0
10. Car and truck expenses	10	1560
11. Commissions	11	0
12. Cost depletion not % depletion	12	0

28. Supplies (not included on Schedule C-1)	28	3900
29. Taxes	29	185
30. Telephone	30	0
31. Travel and entertainment	31	0
32. Utilities	32	1750
33. Wages	33	0

34. Other expenses (specify):

13a. Regular depreciation	13A	0
13b. Section 179 expense	13B	0
14. Dues and publications	14	0
15. Other employee benefit programs	15	0
16. Freight (not on Schedule C-1)	16	0
17. Insurance	17	0
18. Interest on business indebtedness	18	0

A	0
B GASOLINE	3120
C FOOD	1560
D CAR REPAIR	480
E	0
F	0
G	0
H	0
I	0
J	0
K	0

19. Laundry and cleaning	19	0
20. Legal and professional services	20	0
21. Management fees	21	0
22. Office supplies	22	0
23. Pension and profit-sharing plans	23	0
24. Postage	24	0
25. Rent on business property	25	3250
26. Repairs	26	6300
27. Subcontractor fees	27	0

34. Total other expenses	34	5160
35. Total expenses	35	22105
36. Reduce expenses by total business credits	36	0
37. Total adjusted expenses	37	22105
38. Net profit or loss	38	-2912

1203115512

1203115512

FD004642

PA-40 Schedule C - 2012

1203215528

Social Security Number

Name of owner

JUANY D GUZMAN

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1.	Total Section 179 depreciation (do not include in items below)	1	0			
2.	Less: Section 179 depreciation included in Schedule C-1	2	0			
3.	Balance (subtract Line 2 from Line 1). Enter here and on Part II, Line 13b	3	0			
A. Other depreciation:						
Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings 4A		0	0			0
Furniture/fixtures 4B		0	0			0
Trans. equipment 4C		0	0			0
Machinery 4D		0	0			0
Other (specify)						0
4E		0	0			0
4F		0	0			0
4G		0	0			0
4H		0	0			0
4I		0	0			0
4J		0	0			0
4K		0	0			0
4L		0	0			0
4M		0	0			0
4N		0	0			0
4O		0	0			0
4P		0	0			0
5.	Totals	0			5	0
6.	Depreciation included in Schedule C-1				6	0
7.	Balance (subtract Line 6 from Line 5) Enter here and on Part II, Line 13a				7	0

1203215528

1203215528

Income and Information Details Checklist

Client Name(s):	Preparer: ENRIQUE LUZON
Taxpayer :	Date Return Started: 04/12/2013
SSN: [REDACTED]	
DOB:	Refund/Balance Due Amt
	Fed:
Spouse :	St. Abbr :
SSN:	St. Abbr :
DOB:	
Filing Status: 1	Non-Financial Related Fees:
E-File?	Financial Related Fees:
Refund Type:	Total Fees:

LONG/266/2011/4/00922 / 002/000238
LATE EXPRESS COURIER
SERVICE INC
1545 N.E. 123RD STREET
NORTH MIAMI FL 33161

RAFAEL A BRITO
RICHMOND HILL NY 11418

FD004645

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. LATE EXPRESS COURIER SERVICE INC (866) 373-7450 1545 N.E. 123RD STREET NORTH MIAMI FL 33161		1 Rents \$	OMB No. 1545-0115 2011	Miscellaneous Income
		2 Royalties \$	Form 1099-MISC	
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	3 Other income \$	4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name RAFAEL A BRITO		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
Street address (including apt. no.) RICHMOND HILL NY 11418		7 Nonemployee compensation \$ 5647.00	8 Substitute payments in lieu of dividends or interest \$	
City, state, and ZIP code RICHMOND HILL NY 11418		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Account number (see instructions) 000238LONG/266 A		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. FL	18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

FD004646

Department of the Treasury — Internal Revenue Service (99)		2011		OMB No. 1545-0074	IRS Use Only — Do not write or staple in this space.																																																															
Form 1040 U.S. Individual Income Tax Return																																																																				
For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011, ending 20				See separate instructions.																																																																
Your first name ANDRES SALAS		MI Last name		Your social security number																																																																
If a joint return, spouse's first name		MI Last name		Spouse's social security number																																																																
Home address (number and street). If you have a P.O. box, see instructions.				Apartment no.																																																																
City, town or post office. If you have a foreign address, also complete spaces below (see instructions).				State ZIP code																																																																
BROOKLYN, NY 11211				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																
Foreign country name		Foreign province/county				Foreign postal code																																																														
Filing Status		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. <input type="checkbox"/> 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																																																																		
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax or (see instrs)</th> <th rowspan="2"> Boxes checked on 6a and 6b... No. of children on 6c who: • lived with you. 1 • did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above. Add numbers on lines above ... 2 </th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> <tr> <td></td> <td></td> <td></td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table>				c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax or (see instrs)	Boxes checked on 6a and 6b... No. of children on 6c who: • lived with you. 1 • did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above. Add numbers on lines above ... 2	(1) First name	Last name							Daughter	<input checked="" type="checkbox"/>																																															
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(1) First name	Last name																																																																			
			Daughter	<input checked="" type="checkbox"/>																																																																
Income		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td>7</td> <td></td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required.</td> <td>8a</td> <td></td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a.</td> <td>8b</td> <td></td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required.</td> <td>9a</td> <td></td> </tr> <tr> <td>b Qualified dividends</td> <td>9b</td> <td></td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes</td> <td>10</td> <td></td> </tr> <tr> <td>11 Alimony received</td> <td>11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ.</td> <td>12</td> <td>9,010.</td> </tr> <tr> <td>13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.</td> <td>13</td> <td></td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797.</td> <td>14</td> <td></td> </tr> <tr> <td>15a IRA distributions.</td> <td>15a</td> <td></td> </tr> <tr> <td>b Taxable amount.</td> <td>15b</td> <td></td> </tr> <tr> <td>16a Pensions and annuities.</td> <td>16a</td> <td></td> </tr> <tr> <td>b Taxable amount.</td> <td>16b</td> <td></td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.</td> <td>17</td> <td></td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F.</td> <td>18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td>19</td> <td>10,050.</td> </tr> <tr> <td>20a Social security benefits</td> <td>20a</td> <td></td> </tr> <tr> <td>b Taxable amount.</td> <td>20b</td> <td></td> </tr> <tr> <td>21 Other income</td> <td>21</td> <td></td> </tr> <tr> <td>22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.</td> <td>22</td> <td>19,060.</td> </tr> </table>				7 Wages, salaries, tips, etc. Attach Form(s) W-2	7		8a Taxable interest. Attach Schedule B if required.	8a		b Tax-exempt interest. Do not include on line 8a.	8b		9a Ordinary dividends. Attach Schedule B if required.	9a		b Qualified dividends	9b		10 Taxable refunds, credits, or offsets of state and local income taxes	10		11 Alimony received	11		12 Business income or (loss). Attach Schedule C or C-EZ.	12	9,010.	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.	13		14 Other gains or (losses). Attach Form 4797.	14		15a IRA distributions.	15a		b Taxable amount.	15b		16a Pensions and annuities.	16a		b Taxable amount.	16b		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17		18 Farm income or (loss). Attach Schedule F.	18		19 Unemployment compensation	19	10,050.	20a Social security benefits	20a		b Taxable amount.	20b		21 Other income	21		22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.	22	19,060.
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8a Taxable interest. Attach Schedule B if required.	8a																																																																			
b Tax-exempt interest. Do not include on line 8a.	8b																																																																			
9a Ordinary dividends. Attach Schedule B if required.	9a																																																																			
b Qualified dividends	9b																																																																			
10 Taxable refunds, credits, or offsets of state and local income taxes	10																																																																			
11 Alimony received	11																																																																			
12 Business income or (loss). Attach Schedule C or C-EZ.	12	9,010.																																																																		
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.	13																																																																			
14 Other gains or (losses). Attach Form 4797.	14																																																																			
15a IRA distributions.	15a																																																																			
b Taxable amount.	15b																																																																			
16a Pensions and annuities.	16a																																																																			
b Taxable amount.	16b																																																																			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17																																																																			
18 Farm income or (loss). Attach Schedule F.	18																																																																			
19 Unemployment compensation	19	10,050.																																																																		
20a Social security benefits	20a																																																																			
b Taxable amount.	20b																																																																			
21 Other income	21																																																																			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.	22	19,060.																																																																		
Adjusted Gross Income		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23 Educator expenses</td> <td>23</td> <td></td> </tr> <tr> <td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.</td> <td>24</td> <td></td> </tr> <tr> <td>25 Health savings account deduction. Attach Form 8889.</td> <td>25</td> <td></td> </tr> <tr> <td>26 Moving expenses. Attach Form 3903.</td> <td>26</td> <td></td> </tr> <tr> <td>27 Deductible part of self-employment tax. Attach Schedule SE.</td> <td>27</td> <td>637.</td> </tr> <tr> <td>28 Self-employed SEP, SIMPLE, and qualified plans.</td> <td>28</td> <td></td> </tr> <tr> <td>29 Self-employed health insurance deduction.</td> <td>29</td> <td></td> </tr> <tr> <td>30 Penalty on early withdrawal of savings.</td> <td>30</td> <td></td> </tr> <tr> <td>31a Alimony paid b Recipient's SSN</td> <td>31a</td> <td></td> </tr> <tr> <td>32 IRA deduction.</td> <td>32</td> <td></td> </tr> <tr> <td>33 Student loan interest deduction.</td> <td>33</td> <td></td> </tr> <tr> <td>34 Tuition and fees. Attach Form 8917.</td> <td>34</td> <td></td> </tr> <tr> <td>35 Domestic production activities deduction. Attach Form 8903.</td> <td>35</td> <td></td> </tr> <tr> <td>36 Add lines 23 through 35.</td> <td>36</td> <td>637.</td> </tr> <tr> <td>37 Subtract line 36 from line 22. This is your adjusted gross income</td> <td>37</td> <td>18,423.</td> </tr> </table>				23 Educator expenses	23		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.	24		25 Health savings account deduction. Attach Form 8889.	25		26 Moving expenses. Attach Form 3903.	26		27 Deductible part of self-employment tax. Attach Schedule SE.	27	637.	28 Self-employed SEP, SIMPLE, and qualified plans.	28		29 Self-employed health insurance deduction.	29		30 Penalty on early withdrawal of savings.	30		31a Alimony paid b Recipient's SSN	31a		32 IRA deduction.	32		33 Student loan interest deduction.	33		34 Tuition and fees. Attach Form 8917.	34		35 Domestic production activities deduction. Attach Form 8903.	35		36 Add lines 23 through 35.	36	637.	37 Subtract line 36 from line 22. This is your adjusted gross income	37	18,423.																		
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BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

FDIA0112L 11/07/11

Form 1040 (2011)

FD004647

Form 1040 (2011) ANDRES SALAS		Page 2
Tax and Credits	38 Amount from line 37 (adjusted gross income) 38 18,423. 39a Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. 39b <input type="checkbox"/> b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/> 40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 8,500. 41 Subtract line 40 from line 38 41 9,923. 42 Exemptions. Multiply \$3,700 by the number on line 6d. 42 7,400. 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 2,523. 44 Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> 962 election b <input type="checkbox"/> Form 4972 44 251. 45 Alternative minimum tax (see instructions). Attach Form 6251 45 0. 46 Add lines 44 and 45 46 251. 47 Foreign tax credit. Attach Form 1116 if required 47 48 Credit for child and dependent care expenses. Attach Form 2441 48 49 Education credits from Form 8863, line 23 49 50 Retirement savings contributions credit. Attach Form 8880 50 51 Child tax credit (see instructions) 51 251. 52 Residential energy credits. Attach Form 5695 52 53 Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> 53 54 Add lines 47 through 53. These are your total credits 54 251. 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0. 56 Self-employment tax. Attach Schedule SE 56 1,107. 57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 57 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58 59a Household employment taxes from Schedule H 59a 59b First-time homebuyer credit repayment. Attach Form 5405 if required 59b 60 Other taxes. Enter code(s) from instructions 60 61 Add lines 55-60. This is your total tax 61 1,107.	
Other Taxes		
Payments	62 Federal income tax withheld from Forms W-2 and 1099 62 1,005. 63 2011 estimated tax payments and amount applied from 2010 return 63 64a Earned income credit (EIC) 64a 2,817. b Nontaxable combat pay election 64b 65 Additional child tax credit. Attach Form 8812 65 749. 66 American opportunity credit from Form 8863, line 14 66 67 First-time homebuyer credit from Form 5405, line 10 67 68 Amount paid with request for extension to file 68 69 Excess social security and tier 1 RRTA tax withheld 69 70 Credit for federal tax on fuels. Attach Form 4136 70 71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 71 72 Add lines 62, 63, 64a, & 65-71. These are your total pmts. 72 4,571.	
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 3,464. 74a Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> 74a 3,464. b Routing number c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number 75 Amount of line 73 you want applied to your 2012 estimated tax 75 76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76 77 Estimated tax penalty (see instructions) 77 78 Amount You Owe 78 79 Amount Refundable 79 80 Amount Not Refundable 80 81 Amount of Refund 81 82 Amount of Refundable 82 83 Amount of Refundable 83 84 Amount of Refundable 84 85 Amount of Refundable 85 86 Amount of Refundable 86 87 Amount of Refundable 87 88 Amount of Refundable 88 89 Amount of Refundable 89 90 Amount of Refundable 90 91 Amount of Refundable 91 92 Amount of Refundable 92 93 Amount of Refundable 93 94 Amount of Refundable 94 95 Amount of Refundable 95 96 Amount of Refundable 96 97 Amount of Refundable 97 98 Amount of Refundable 98 99 Amount of Refundable 99 100 Amount of Refundable 100 101 Amount of Refundable 101 102 Amount of Refundable 102 103 Amount of Refundable 103 104 Amount of Refundable 104 105 Amount of Refundable 105 106 Amount of Refundable 106 107 Amount of Refundable 107 108 Amount of Refundable 108 109 Amount of Refundable 109 110 Amount of Refundable 110 111 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